

**ONE COPY EMPLOYEE
ONE COPY DEPARTMENT
ORIGINAL DEPARTMENT OF PERSONNEL**

**CERTIFICATION AND DECLARATION
Administrative Regulation No. 120B (NON-DOT)**

I hereby certify that on the date indicated below I received a copy of the City of St. Louis drug and alcohol policy Administrative Regulation No. 120 B (NON-DOT) that is effective on October 1, 2021. **I am aware that employees who test positive for drugs will be considered guilty of misconduct, scheduled for a pre-termination review and dismissed. I am also aware that employees who test positive for alcohol, marijuana or the marijuana metabolite will be considered guilty of misconduct and will either be directed to mandatory treatment and/or be disciplined up to and including dismissal.** I acknowledge that I can get confidential, professional help with a drug and/or alcohol problem by contacting the City's Employee Assistance Program (EAP) at (314) 747-7490 or 1-888-505-6444, or by calling the Department of Personnel at (314) 622-3563.

_____ Employee's Name (Print)	_____ Class Title
_____ Signature	_____ Date
_____ Department	

I certify that the employee named above was provided with a copy of the City's policy on drugs and alcohol and a copy of this form on the date indicated above.

_____ Supervisor's/Manager's Signature	_____ Class Title
_____ Department	_____ Date

This Certification and Declaration must be signed and dated by the employee and the issuing supervisor/manager.